

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) DAVID Raphael MD		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 143 Seminary Dr. E		
(c) City, State, and ZIP Code Mill Valley, Ca. 94941		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Light Party	5. Office Sought President	6. State & District of Candidate MADISON CO. CALIFORNIA

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
 (year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) The Committee to Elect David Raphael MD President
(b) Address (number and street) 143 Seminary Dr. E
(c) City, State, and ZIP Code Mill Valley, Ca. 94941

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
 (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
 NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate David Raphael MD	Date 3/24/23
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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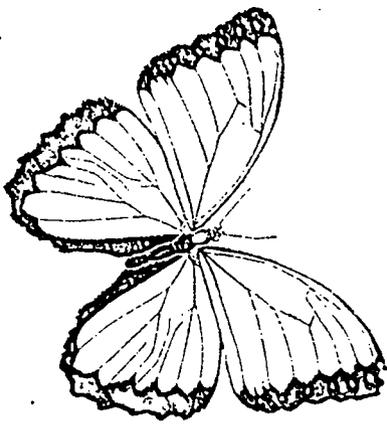
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M. W. Valley, Co. 94994



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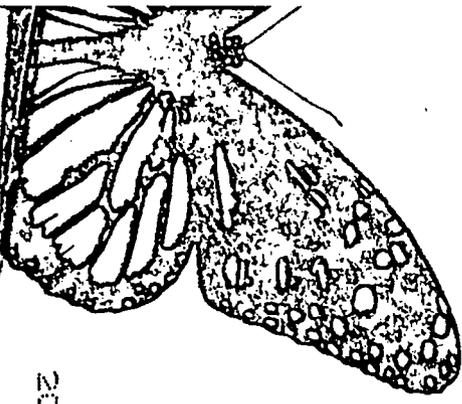
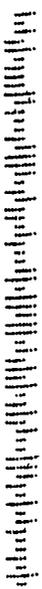
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Federal Election Commission
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
WSD PREPARER	4/3/23 DATE PREPARED

(3/2015)

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